

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES
SCOPE: AGENCY WIDE

SUBJECT: Client Transportation Back To Home Communities **NUMBER:** PF COC-07

EFFECTIVE DATE: 08/2011 **REVIEW DATE:** 08/2013

APPROVED BY: /s/ Stuart J. Ghertner Ph. D.
 SNAMHS Appointing Authority

SUPERSEDES: #1209, dated 9/28/84; #152, dated 8/8/89, 1/13/00; PF-COC-7 date 3/15/02; 03/01/05,07/07;07/09

I. POLICY:

It shall be the policy of SNAMHS to assist patients who may be transported back to their home community in order to provide more appropriate care and to remove the burden of treatment from the State of Nevada.

II. PURPOSE:

The purpose of this policy is to provide appropriate and economical means by which transport clients back to their home communities or where there is family and/or mental health support is located.

III. DEFINITIONS:

Transportation is defined as providing transportation available for SNAMHS clients in the most economical means that will enable the return of the client to instate or an out-of-state community.

IV. PROCEDURES:

The criteria for assessing clients' eligibility to travel back to the home community shall be:

- A. Hospital and POU Social Workers, Service Coordinators or designated staff shall assess the clinical need for the client to be transported back to the original place of residence.
- B. Staff shall confirm client has housing/ shelter available and a support system available to meet client at destination.

- C. Staff shall provide client with information and appointment, when appropriate, for mental health services available in the home community.
- D. Staff shall be responsible for verifying what client and family monetary resources are available toward purchase of a ticket.
- E. If the client or family members do not have monetary resources and the client is willing to go, then the staff shall complete "Transportation Request" form and give to their supervisor or designee for approval and signature.
 - 1. Form shall be taken or faxed to the accounting office for review and signature verifying client resources.
 - 2. Form shall then be taken to the Administrative Services Officer III for review, approval and signature.
 - 3. Business Office produces voucher to be picked up by the requesting staff, sent by fax, or interdepartmental mail to the Social Services Department.
 - 4. Vouchers for Community Services shall be placed in the Community Services mailbox in Building No. 1 on the West Charleston Campus.
 - 5. Business office staff shall track travel expenses per client. If a client has previously received travel assistance within a six month period, travel expense shall be denied. The Hospital Administrator may override travel expense denial.
- F. Staff shall inform MD and Charge Nurse of travel and discharge plans.
- G. Physician shall write order for travel and discharge.
- H. If nourishment is required for the length of travel, program or unit staff shall contact the Pharmacy for providing nourishment until client arrives at their destination.
- I. Staff shall give Client Reservation confirmation" form that has been signed by authorized SNAMHS representative and addressed to Greyhound Ticket Agent confirming client's travel reservation.

V. REFERENCES:

- A. Client travel to out-of-state resources, #1209, dated 9/28/84.
- B. Client transportation, #152, dated 8/0889; PF Continuum-7 dated 3/15/02.

VI. ATTACHMENTS:

- A. [Client Transportation Request form.](#)
- B. [Client Reservation Confirmation form.](#)
- C. [Travel Nourishment Protocol](#)